

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	022150-9002	
	First Named Inventor	
	Mark S. Fernandez	
Express Mail No.	EV323582055US	



Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed for filing is a complete patent application, entitled "DEVICE FOR MELTING AND REMOLDING CRAYONS" invented by:

Mark S. Fernandez 229 Summit Ave. San Rafael, California 94901

Andy O. Stortroen 245 South Van Ness San Francisco, California 94103

and including the following documents:

Specification including Claims - 11 pages
Abstract of the Disclosure
Drawings - 3 sheets
Return Receipt Postcard
Declaration, Power of Attorney
Check for \$375.00 for filing fee
Applicant claims small entity status
The filing fee has been calculated as shown below.

(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BAS	SIC FE
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Respectfully submitted,

Robert A. Yesukevich

Reg. No. 36,064

Michael Best & Friedrich LLC

401 North Michigan Avenue

Suite 1900

Chicago, Illinois 60611

Date: 7/8/2003 cc: Docketing .Wkg Atty. RY Resp Atty. LLS

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF:	FERNANDEZ, Mark, et al.) EXPRESS MAIL) CERTIFICATE OF MAILING				
CASE:	022150-9002	FOR: UTILITY PATENT APPLICATION				
SERIAL NO.:	Filed herewith	TRANSMITTAL AND APPLICATION WITH				
FILED ON:	Filed herewith	DRAWINGS, DECLARATION, and EXPRESS MAIL CERTIFICATE				
FOR:	DEVICE FOR MELTING AND REMOLDING CRAYONS))))				
COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450						
Dear Sirs:						
NECESSARY FEES Communication (incour deposit account	S: If any charges or fees must be luding but not limited to the paymen	OR THE ACCEPTANCE OF ANY paid in connection with the following it of issue fees), they may be paid out of requires a Petition, please construe this quired to accompany the payment.				
Applicant herewith petitions the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated for month(s) from to Submitted herewith is check No for \$ to cover the cost of the extension. If a check is lost, or otherwise does not accompany this Petition, please charge my deposit account number 50-1965 in the appropriate amount to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to the above numbered deposit account.						
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